



**THE INDIANA GUARD RESERVE
ASSOCIATION**

Please mail this form to:

TIGRA
c/o MAJ Dale Andrews
88 Ironwood Court
Carmel, IN 46033

Membership Application / Order Form

Requestor Information:

Rank: _____ ☐ Retired

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ -

e-Mail Address: _____ Telephone #: () -

Item	Quantity	Price	Enclosed
Annual Membership Dues	_____	\$10.00	_____
Lifetime Membership	_____	\$100.00	_____
Donation to TIGRA			_____
Indiana Guard Reserve Book (soft cover)	_____	\$10.00	_____
TIGRA Medal	_____	\$20.00	_____
		Subtotal	_____
		Total	_____

Signature:

Signature: _____ Date: _____